Complete and sept to	this form/1998 gether wi	the licable f	ee(s), to: <u>Mai</u> or Fax		Mail Stop ISSUI Commissioner for P.O. Box 1450 Alexandria, Virg (571) 273-2885	atents			
INSTRUCTIONS: The for	rm should be need for tran	smitting the ISSU	JE FEE and PU	BLIC.	ATION FEE (if requ	ired). Block	s 1 through 5	Should be con	mpleted where
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CURRENT CORRESPONDENCE 021567 7:		·	Note: A certificate of Fee(s) Transmittal. The papers. Each additions have its own certificat	us certificate al paper, suc	cannot be used h as an assignn	i for any other nent or formal	nailings of the accompanying drawing, must		
WELLS ST. JOHN P.S. 601 W. FIRST AVENUE, SUITE 1300 SPOKANE, WA 99201 02/14/2006 HBERHE1 00000071 10806923					Ce: I hereby certify that the States Postal Service of addressed to the Maitransmitted to the USF	rtificate of Mais Fee(s) Tr with sufficient I Stop ISSU TO (571) 27	Iailing or Tran ansmittal is bein ant postage for for JE FEE addres 3-2885, on the	nsmission ng deposited v irst class mail s above, or b date indicated	vith the United in an envelope eing facsimile l below.
01 FC:1501								(Depositor's name)	
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00 10:0001	15:00 OF			Į					(Date)
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVE		ΓOR	ATTORNEY DOCKET NO. CO		CONFIRM	ATION NO.
10/806,923	03/22/2004		Weimin l	Li		MIZ	22-2274	38	887
TITLE OF INVENTION: METHODS OF FORMING							ATION OF IT	NTEGRATED	CIRCUITRY,
APPLN. TYPE	SMALL ENTITY	ISSUE F	ÉE	PU	BLICATION FEE	TOTAL	FEE(S) DUE	DATI	E DUE
nonprovisional	nonprovisional NO)		\$300	\$	1700	02/14	4/2006
EXAMINER		ART UNIT		CL	ASS-SUBCLASS	ן			
SARKAR, ASOK K		2891			438-787000	•			
1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT (p	rint o	type)				
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will appear I a substitute for	on th filing	e patent. If an assign an assignment.	ee is identif	ied below, the	document has	been filed for
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)						
MICRON TECHNOLOGY, INC.			Boise, Idaho						
Please check the appropriate	assignee category or catego	rias (will not be no	inted on the noter	at) ·	☐ Individual Co	amoration or	ather private of	moun antitu [].c
4a. The following fee(s) are		`	. Payment of Fee	<u> </u>	- Individual - Co	orporation of	odiei private g	roup entity —	Government
Issue Fee	A check in th	ie am	ount of the fee(s) is en						
Publication Fee (No s.	Payment by credit card. Form PTO-2038 is attached.								
Advance Order - # of	Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized key charge the required fee(s), or credit any overpayment, to Deposit Account Number 23-0925 (enclose an extra copy of this form).								
5. Change in Entity Status a. Applicant claims SI	(from status indicated above	;)			longer claiming SMA	-			
The Director of the USPTO NOTE: The Issue Fee and Printerest as shown by the reco	is requested to apply the Issu ublication Fee (if required) v ords of the United States Pate	ne Fee and Publicat vill not be accepted ant and Trademark							
Authorized Signature	and the same			>	Date	2-1	0-06	,	_
Typed or printed name Mark S. Matkin					Registration	No	32,268		
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PART B - FEE(S) TRANSMITTAL $\partial Z - 13 - 06$

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